# **NHS Highland**



Meeting:	Highland Health & Social Care Committee
Meeting date:	01 March 2023
Title:	Chief Officer Assurance Report
Responsible Executive/Non-Executive:	Pamela Cremin, Chief Officer
Report Author:	Pamela Cremin, Chief Officer

## 1. Purpose

To provide assurance and updates on key areas of Health and Social Care in Highland.

### 2. Project Updates – Lochaber, North Coast and Caithness

### Lochaber Redesign

Timescale is at risk following cancellation of a number of workshops in early January due to extraordinary pressure on services, leading the crosscheck workshop to be postponed from 8<sup>th</sup> Feb to (at best) end of March and potentially mid April. This would mean service model finalised in April which impacts the PSCP starting design work – they will be appointed in March.

Work stream leads are now working on Target Operating Models and an assessment of workforce requirements following this, output on workforce expected mid-April which will allow us to identify any increase in staffing costs.

The Partnership is engaged in modelling for community services to underpin finalised bed numbers.

### **Caithness General Service Model**

As with the Lochaber Redesign, the project is now running 2-3 months behind on the Caithness General elements following workshop cancellations in late Dec / early Jan due to extraordinary pressure on services and significant staffing gaps at senior charge nurse / hospital lead level.

Workshops have been rescheduled to February and March, working with acute colleagues to ensure the right level of representation, to allow the future model for each service to be finalised and accommodation brief agreed.

 We have yet to set a date for the crosscheck workshop (some workshop dates still being rescheduled). This this is likely to be end April at best, with final brief ready for approval sometime in May. This would mean service model finalised in April with final operational brief issued to the design team in May (was scheduled for end March / early April).

# Community Hubs

- There has been some issues with workshop attendance, but not as significant as CGH, and we are still aiming for the cross-check event on 10<sup>th</sup> March (Chief Executive and Chief Officer attending.
- Following a full desktop appraisal, the Programme Board ratified the Noss site (greenfield site in northern edge of Wick adjacent to Noss Primary School / Wick industrial estate / Wick airport) as the preferred site for the Wick Community Hub. Media release should be going out on this soon.
- Scenario modelling work ongoing and project board engaged and had training scenarios will be costed in advance of April Programme Board and looking for decision on planning assumptions for the built elements.
- Project manager working with hub North on a proposal for appointment of key members of the design team for the Community Hubs in Wick and Thurso (Dunbar Hospital site), and to agree the programme for a formal New Project Agreement with them to produce a stage 1 proposal for Outline Business Case.

## 3. Care Home Services

There are a total of 66 care homes across north Highland, 50 of which (February 2023) are operated by independent sector care home providers (offering around 1,700 beds) and 16 of which are in house care homes operated by NHSH (delivering around 240 beds).

- Over the course of 2022 / 2023 there has been significant financial sustainability related turbulence within the independent sector care home market within north Highland.
- These financial concerns relate to operating on a smaller scale, and also the challenges associated with more rural operation, particularly the difficulties of recruiting and retaining staff in these localities, securing and relying on agency use, and the lack of available accommodation which compounds the challenges.

The specific sustainability context and issues are as noted below:

- There have been 3 x concluded care home closures since March 2022, these being Shoremill in Cromarty (13 beds, March 2022), Grandview in Grantown (45 beds, May 2022), Budhmor in Portree, (27 beds, August 2022), with a combined loss of 85 beds and relocation of 61 residents.
- There is 1 x care home closure in progress, this being Mo Dhachaidh in Ullapool (19 beds, 14 residents) which is expected to close in April 2023, following relocation of all residents.
- Main's House, Newtonmore: 31 bed care home which went into Administration along with Grandview in March 2022. Following consideration in summer 2022, the Highland Partnership is progressing to purchase (THC) / take on operational responsibility (NHSH), for which terms were agreed in February 2023 and an intended transition taking place in April 2023. The decision to acquire Main's House care home follows a collaborative review by The Highland Council and NHS Highland of available options, including consideration of the facility, regulatory

requirements and the locality's specific circumstances. In terms of governance, the decision to progress with the direction of travel was endorsed by the Joint Monitoring Commission, Joint Officers Group and Chief Executives of NHS Highland and The Highland Council, following which NHS Highland's Senior Leadership Team and Executive Directors Group agreed to proceed to enter into contract to operation Main's House, and is being brought to H&SCC for homologation.

- There are further developing situations of concern, with more anticipated.
- The Highland Partnership has been developing a locality model as a preferred and intended direction of travel for the provision of health and social care services, the key objectives of which are safe, sustainable and affordable locality provision. This is strategic work in progress which will be set out within the Partnership's Strategic Plan.
- However, there has been and continues to be, immediate and operational challenges from arising care home closures which require to be addressed.
- Given the evolving nature of the developing situation, the available courses of action to prevent a significant scale of lost provision may not entirely align with the intended strategic direction but these actions are being taken or considered, out of necessity.
- Each arising care home sustainability issue / rescue situation has potential financial implications for the Partnership, which are unbudgeted. There is insufficient available funding to address the magnitude of the current and evolving situation.
- The role and position of the Care Inspectorate is critical when considering available and affordable solutions. Senior discussions with the Care Inspectorate (and SG) are ongoing to continue to seek the necessary assurance and to inform the appropriate available course of action.
- In addition to the noted financial vulnerability, Provider feedback on the level of staff burnout, particularly relating to the Care Home Manager role, is significant and attributed to the actual or perceived level of regulation, scrutiny and oversight, and ongoing demands of this critical role. NHSH is engaging with providers to determine further and positively impactful, assistive supports.

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## 4. Care at Home Services

There are 20 independent sector care at home providers, who collectively deliver 9,000 hours of care at home provision per week. NHSH also operates a care at home service, delivering 4,600 hours per week. There are also 308 DP / ISF service users receiving a care at home service.

- The key objectives around commissioned care at home activity, are to achieve stable, resilient and assured provision and capacity release / growth.
- Since August 2021, NHSH has been working closely with care at home partners through regular and structured dialogue in order to better understand the current issues and to work together to identify and implement sustainable solutions to address the key issues, summarised as:

- High attrition and unsuccessful recruitment, impacted by: role pressures; (perception of) sector / role inequity; and fuel costs
- Staff wellbeing issues
- Specific geographic challenges in rural / remote delivery and the additional costs of providing care at home, as well as the more acute recruitment challenges in these localities.
- Over the course of 2022-2023, there has however been a significant reduction of available commissioned services (1,300 hours pw), despite the measures put in place by NHSH to seek to stabilise provision, and ensure capacity release and growth – these being advance payments, and continued UKHCA aligned tariff.
- The reduced capacity is due to the challenges noted above and have therefore impacted on the inability of providers to deliver to agreed baseline activity levels and in some instances, resulted in service "hand back" to NHSH.
- Most recently there has been a slight improvement in the delivery picture but these challenges are ongoing and the open dialogue with providers continues to seek longer term sustainability.
- Going forward and critical to achieving sustainability, there is a need to recognise the care at home workforce as equal partners in the wider health and social care system and to actively support the professional and financial recognition of this. This is a key aspiration being set out within the Partnership's Strategic Plan.

## 5. Dental Services

There has been recent concerns about dental services at Kyle. The practice is closing and Kyle registered patients have been transferred to Portree since the 17<sup>th</sup> February.

Access to emergency care at Portree will be available as will routine services once we have additional facilities available there. It is appreciated that registration in Portree will require additional travel for patients which is clearly not what we would want and will be a real challenge for some. At this time it will at the very least, provide patients with registration and access to emergency care in the short term with routine care becoming available as the Portree practice establishes an additional surgery within its premises. At present the situation is unavoidable and for the reasons that are given below.

Unfortunately, the Scotland wide shortage of NHS Dentists has significantly reduced access to NHS dental services in many Health Board areas. Within NHS Highland many practices have been unable to recruit to vacancies for Dentists and this issue has intensified post covid. This has resulted in many patients having access to only emergency care whilst their practice continues to make efforts to recruit replacement Dentists. The areas impacted include Inverness, Wick, Thurso, Kyle, Campbeltown, Tarbert, Lochgilphead and Helensburgh. At this time there are no practices within the NHS Highland area that are accepting new adult patients and only one practice accepting children.

Rural localities such as Kyle have always faced challenges with recruitment and the current national shortage has increased this challenge. The remaining Dental practice in Kyle is facing this challenge and has been unsuccessful in recruiting to fill the vacancy

following a Dentist retiring in October 2022.

The Scottish Government has made available Recruitment & Retention Allowances to incentivise Dentists to take up positions within areas such as Highland. Dependant on the Dentist's circumstances an allowance is available. The eligibility criteria for this allowance means that a very small number of Dentists are eligible and NHSH has previously flagged this up to the Scottish Government.

The same challenges apply equally to the salaried Public Dental Service. As stated at the beginning NHS Highland is advertising a vacancy for a full time PDS Dentist to work between Kyle and Dunvegan and this will take account of existing staff reducing their hours plus additional capacity. It is relevant to note that the PDS provides referral services and domiciliary services as well as access to emergency care for unregistered patients.

Going forward NHS Highland understands that the Scottish Government are looking to review recruitment to rural and remote areas with the intention of improving outcomes. At the same time the General Dental Council are reviewing the process for overseas dentists seeking GDC registration with the aim of streamlining this process to address the current bottle neck of applications. Within the PDS in Highland it would be the intention to maximise the use of Dental Therapists with the aim of increasing access through increased skill mix.